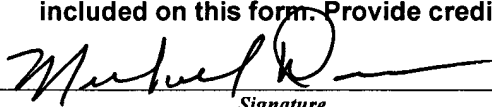
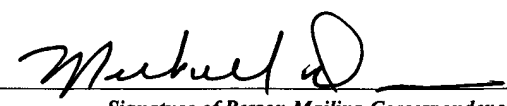


DTF

<b>AMENDMENT TRANSMITTAL LETTER (Small Entity)</b>				<b>Docket No.</b> <b>RPP174AUS</b>	
Applicant(s): <b>Ravindra K. Pandey et al.</b>					
<b>Application No.</b> 10/607,922	<b>Filing Date</b> June 27,2003	<b>Examiner</b> Chukwuma O. Nwaonicha	<b>Customer No.</b> 24041	<b>Group Art Unit</b> 1621	<b>Confirmation No.</b> 8140
<b>Re: FLUORINATED PHOTSENSITIZERS RELATED TO CHLORINS AND BACTERIOCHLORINS FOR PHOTODYNAMIC THERAPY</b>					
<b>COMMISSIONER FOR PATENTS:</b>					
Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	<b>CLAIMS REMAINING AFTER AMENDMENT</b>	<b>HIGHEST # PREV. PAID FOR</b>	<b>NUMBER EXTRA CLAIMS PRESENT</b>	<b>RATE</b>	<b>ADDITIONAL FEE</b>
<b>TOTAL CLAIMS</b>	<b>18</b> -	<b>124</b> =	<b>0</b>	x \$25.00	\$0.00
<b>INDEP. CLAIMS</b>	<b>1</b> -	<b>3</b> =	<b>0</b>	x \$100.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input type="checkbox"/> No additional fee is required for amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____					
<input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>50-0822</b>					
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.					
<input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>					
 _____ Signature			Dated: <b>August 4, 2005</b>		
<b>Michael L. Dunn</b> Reg. No. 25330 Simpson & Simpson, PLLC 5555 Main Street Williamsville, New York 14221 (716) 626-1564 Phone (716) 626-0366 Fax			<div style="border: 1px solid black; padding: 5px;"><p>I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on <u>August 4, 2005</u> (Date)</p><p> _____ Signature of Person Mailing Correspondence</p><p style="text-align:center"><b>Michael L. Dunn</b></p><p style="text-align:center">Typed or Printed Name of Person Mailing Correspondence</p></div>		
CC:					



1

Attorney Docket No .RPP174AUS  
U.S. Patent Application No. 10/607,922  
Date: 08/04/2005

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Ravindra Pandey et al.

U.S. Patent Application No. 10/606,922

For: FLUORINATED PHOTSENSITIZERS RELATED TO CHLORINS AND  
BACTERIOCHLORINS FOR PHOTDYNAMIC THERAPY

Filed: June 27, 2003

Examiner: Nwaonicha, Chukwuma


Group Art Unit: 1621

Confirmation No.: 8140

Customer No.: 24041

**Certificate of Mailing by First Class Mail**

I certify that this Amendment and Request for Reconsideration is being deposited on August 4, 2005 with the U.S. Postal Service as first class mail under 37 C.F.R. §1.8 and is addressed to the Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450.

  
Michael L. Dunn, Reg. No. 25330

**AMENDMENT AND REQUEST FOR RECONSIDERATION**

Mail Stop Amendment  
Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

Honorable Sir:

Responsive to the official action of October 20, 2003, please amend the above identified patent application as follows: